

ITEM 4 OF VOTE 2803 - ESTIMATES, MINISTRY OF HEALTH (CONTINUED)

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Mr. Chairman: The minister says he agrees that we move to item 4.

The hon. member for Scarborough West.

Mr. Lewis: This is all obviously very difficult. Let me simply harangue the minister for a little while and he can relax in the process.

Hon. Mr. Miller: Relax with you?

Mr. Lewis: I apologize I guess -- I don't see why I should but I just feel that way about it -- because the absurd rules of the House require that we move to other estimates, in effect, on Thursday, to Education and Housing.

I just say in self-defence, Mr. Chairman, that I have offered but two interjections through the entire Health estimates. This is the only part that I was really interested in and wanted to occupy the time of the House on, so I am going to take the time and do it in whatever machine-gun, staccato, rapid style or fashion is necessary to get some of it on the record, because if it doesn't get on the record now it will never get there.

Interjection by an hon. member.

Mr. Lewis: Well, we are not going on, as I understand. We are passing the estimates at 10:30. If we are not, I'll defer.

Mr. Chairman: Well, carry on with item 4. You are wasting a lot of time.

Mr. Lewis: Okay.

Interjections by hon. members.

Mr. Lewis: Boy, you have a nerve with your gratuitous asides. That's right.

Mr. Chairman, my wish to intervene in this item stems -- the House may remember -- from the death of Derek Halanen, the 15- year-old boy at the Queen St. Mental Health Centre, who the inquest jury indicated had fallen accidentally from an upper-level storey of the centre, but who some people felt had committed suicide.

I remember that many years ago many members of the opposition parties in this House participated in debates about facilities for adolescent children and even younger children. Some of those debates were successful, some of the battles were fought usefully, and I think some accommodations were made on the part of the government. The death of Derek Halanen highlighted in a very dramatic way the kind of problems that continue to exist, and the transcript of the inquest chronicles in a fashion which is quite terrifying the way in which the institutional arrangements in Ontario for adolescent children are unable to provide the kind of treatment response which might indeed have saved a life. To read about the transfer of this young man from institution to institution -- some six of them, I think, in a period of 18 to 20 months prior to his death -- is to read an indictment of the system.

At the inquest the deficiencies were well set out by the evidence that was placed. At the end of the inquest there was a very moving and eloquent presentation made by Mr. Doug Finlay, who is the director of your children's services now. I'm almost afraid to compliment Doug Finlay too strongly in this House. Last time I complimented any one involved with mental health for children was Dr. Naomi Rae-Grant, and she subsequently left the ministry. I'm assuming that Mr. Finlay's job is secure and that for me to applaud him in the House will not destroy his future. I would like to have that commitment. I am a fan of his --

Hon. Mr. Miller: So am I.

Mr. Lewis: Good. All right. Then we have that in common.

Mr. Foulds: As long as you last, he lasts.

Mr. Lewis: One of the interesting things is that when Mr. Finlay --
Interjection by an hon. member.

Mr. Lewis: -- came to make his presentation -- he said it two or three times at the inquest and I just want to put it on the record -- he said:

"I also could not help but agonize more than just a little bit about the hundreds of kids who are still on our waiting lists at the doors of most of our treatment centres in this

province, some of them hanging on for months because they are full to capacity, or other youngsters who have gone the route of training schools inappropriately and by default.”

At the end of his testimony he said:

“But what about the older child, kids like Derek, for example? I can honestly say that the situation provincially, as far as this age group is concerned, 12 to 17, has never been more serious or more urgent than it is right now. I saw the handwriting on the wall as far back as 1970 when I took it upon myself to do a study of the files of the two local Children’s Aid Societies and when I came up with 150 severely disturbed teenagers for whom absolutely no services were available I gave up in disgust. I found a state of relative ineptitude wherein two or three assessments were being completed on the same youngsters and everyone seemed to have a fair idea of what they needed but treatment programmes were either unavailable, inappropriate or non-existent. As far as I could see, I was looking at a situation in which we were doing little more than creating thicker files and sicker kids and we had no plan of battle.”

And then Mr. Finlay, to be fair to him, said that they returned to square one and began to draw up this four-phase plan of battle with which the minister is familiar.

The whole inquest, Mr. Minister, triggered the interest of my caucus and myself, and I thought I should pursue it a little further. I met at some length with the leadership of the Toronto Children’s Aid Society and the Catholic Children’s Aid Society of Metropolitan Toronto. I sat with them each for some considerable period of time and I could not convey to you the kind of horror story which they gave to me about the shocking state of adolescent services in the metropolitan area -- and, I believe it true to say, throughout the province.

At one point one of the senior workers for the Catholic Children’s Aid Society burst out -- and I took the words down as I sat and listened -- “I have either to get on my knees, or I have to use methods that are appealing to the people who run the programmes. I can’t just say this is what the kids need; I have to sell the kids.”

What the leadership of the Children's Aid Societies were saying is that the situation is so desperate over facilities for dealing with the profoundly disturbed teenagers in the Province of Ontario -- there are so few places, the pressures are so intense -- that they have to engage in a kind of personally humiliating process of begging the treatment centres, the psychiatric hospitals, the various therapeutic settings, to provide some entry for the children before the lives of the children go down the drain.

It's interesting to note that in the case of the Catholic Children's Aid Society, over 60 per cent of admissions are now above the age of 12. The kids are more and more disturbed; they just can't cope; the facilities aren't there.

The Children's Mental Health Centres Act has provided for direct payment if the parent refers the child, and ironically that has created for the Children's Aid Societies an enormous problem, because the facilities aren't available to them.

The wariness of judges to circumvent section 8 of the Training Schools Act, while a positive thing, has again resulted in endless referrals to Children's Aid Societies and, indeed, to some of the treatment centres, because no longer will judges send kids of that age to training schools.

The pressures are positively explosive. The people to whom I spoke were positively frantic. Let me tell you about the Metro Children's Aid Society statistics. They have had a 50 per cent increase in the admission of adolescents in the last year. They are now receiving 30 children a month between the ages of 13 and 15 -- 30 kids a month admitted between the ages of 13 to 15. Those are ricocheting figures. Those are figures which make everything previous pale by comparison.

And 73 per cent of those kids -- 83 per cent of them girls -- have to go before IPAC. This is the agency set up by Dr. Naomi Rae-Grant and Doug Finlay -- the Institutional Placement Action Committee -- that central action committee to which all the most desperate referrals are made in an effort to find an appropriate treatment setting in the Province of Ontario.

Now, faced with the terrific difficulty in finding placements, the waiting lists of the agencies are growing. It's almost impossible to get a child into the first choice of treatment facility. They then issued an internal memorandum which I got my hands on, and I want to read it to you. It is dated July 9, 1974, and it is from Jean Ruse, supervisor of foster homefinding and placements at the Metro Toronto Children's Aid Society; and it is directed to Mr. Watson, the executive director.

"Purpose: To alert you to the critical situation which we now face with respect to admitting children.

"The situation: In the last year pressures on placement have been increasing steadily, but have been manageable thanks to the dedication and diligence of the staff. However, since April of this year, there has been a marked increase in admissions, a trend which appears to be continuing. This increase, coupled with the increasingly severe disturbance in our children, has created a virtually intolerable situation for placement. Our admission facilities are operating at maximum capacity and there is little hope of much movement in these resources in the near future. As a consequence of this, we have been placing difficult and disturbed children in regular foster homes. Even this undesirable practice is no longer available to us since we have filled and stretched the available foster homes beyond reasonable limits.

"It has become increasingly difficult to recruit foster homes of any sort, let alone those which can be developed to accept the type of problems we are pushing at them. Agency statistics, I am sure, reflect an increased turnover of children in care.

"Teenagers: A particular and most pressing problem is that of the teenage children who account for the greater part of this increase in admissions. Very few of these children can be managed in a foster home system, as it is presently organized and serviced and we depend almost entirely upon the hostels, the receiving centres, Horsham House and a couple of spaces in an admission group home."

Then they give the remarkable percentage increases.

“We can attest to the state of the children who come to our attention and the untoward effects of the inappropriate placements we are obliged to make. [She says:] Because of the pressures described and the teenage problem in particular, our placement workers are becoming quite desperate in their attempts to manage a situation which is fast getting beyond their ability to control.

“I know that in the normal course of events that this memo should go to someone else. However, the situation has deteriorated so rapidly that I did not think that I should wait for her return before alerting senior administration to this problem.”

That’s a memo dated July 9, 1974; by October, 1974, the situation was almost beyond repair.

I say to you, Mr. Minister -- and I presume Doug Finlay can corroborate it -- I am incapable, articulate though I am, of being able to convey to you how those senior staff people felt about what confronted them in the treatment of severely disturbed children in the adolescent category. I suppose what bothered them most is that there just seems to be no answer; absolutely no answer.

Most of the agencies are chock-a-block with kids. They have very fine selection and placement processes now. You just can’t send any kid to any agency. All the agencies have intake policies which screen out kids with a lousy prognosis and take kids with a relatively good prognosis, perhaps so that they can be successful with them. Fair enough; but what happens to the severely disturbed kids who are presenting themselves now, month after month, at an accelerated rate?

I concede that the agency I know most about, although I think I know a good deal about many of them, is the Browndale agency, because of having worked with them some years ago. I asked them to prepare for me a kind of list of the kids who were waiting for admission, some sense of what it was that was wrong with them, and how long they had been on the lists. And they did that. As of Oct. 10, 1974, in this, the treatment centre which your government uses most fully for the treatment of disturbed kids, there were 96 children on the waiting list; 96 on Oct. 10, 1974.

Let me tell you something about these kids. Girls waiting for admission -- a 14-year- old girl referred by the court clinic on May 3, 1973. Here is the description:

“In training school pending admission; immature; poor peer and school relations; runs away; drinking; truancy; very anxious and mistrustful; manipulative; 18 months on the waiting list.”

A 14-year-old girl referred by the Children’s Aid Society in Toronto in June of 1974:

“Cannot relate to mother and sisters; much tension at home leading to CAS care; impulsivity expressed mainly in sexual acting out; very much overweight; isolates herself from peers; withdrawn; lonely; angry; depressed; girl who cannot deal with her feelings but has a deep need to belong and be accepted; urgently needs help; five months on the waiting list.”

Fourteen and one-half years of age, referred Nov. 7, 1973, again the Children’s Aid Society:

“Very poor family relationships; runs away; lies; steals; sets people up to be angry at others or herself; can be assaultive; difficult to reach; anxious; needs close care; a year on the waiting list.”

Another 14-year-old girl from the Catholic agency:

“One of nine of Toronto family; long-standing problems of truancy, sexual delinquency; easily angered; is well liked by peers; has made three suicide attempts, and need’s help quickly; eight months on the waiting list.”

A 15 1/2-year-old girl, April 9, 1973 referred:

“Resentful; suspicious; aloof; sad; withdrawn; façade for strong hostility; physical fights with peers; scapegoated; twice took drug overdose; 18 months waiting.”

I draw your attention to a 16-year-old girl, referred by the Children’s Aid Society of Walkerton:

“An Indian girl from the reserve; in Children’s Aid Society foster-home care one year; very introverted; shy and withdrawn; insecure and could develop into a suicidal reaction; 10 months on the waiting list.”

The litany of boys, because they are frequently more aggressive in acting out, is even more stark, and in its own way more terrifying, in terms of what it implies. Here's a 13-year-old boy, referred by the Scarborough General Hospital, in my own area, in April, 1974:

"Parents in Scarborough can't manage him; in hospital for acute alcohol intoxication; has injected air into his tissues; suicidal; hostile and disruptive at home and school. Urgently needs help; from April to October still on the waiting list."

Now, it rings with every one, the truth that there's some kind of desperate roadblock in the treatment facilities for disturbed children who are adolescents. There is something profoundly wrong about it all. I don't know how it's allowed to happen.

I want to finish this up and come back and make a comment about the minister, which I hope he appreciates, at the end. I don't know how this is allowed to happen. I suppose the reasons are many; none of them are tolerable. There is instituted now by your ministry the four-phase system. It's a first-rate idea. It's proceeding too slowly. It's proceeding too slowly because it doesn't yet have the kind of support it must have. I plead with you to give to that system, which moves from the preventive moment to the crisis intervention, every conceivable government support around, because we are losing these kids in the process.

We are losing lives, you know. I don't know how else to put it. It's kind of wanton. The adaptations which we made for children under the ages of 10 or 11, which aren't bad in the Province of Ontario now, that you can talk about with some pride, and I concede it to you, those accommodations, those adaptations, have not occurred for the adolescent community. The adolescent community is driven to the wall and there are no alternatives for them.

We have had much discussion of shifts in importance within ministries. I beg of you to consider the matter of mental health for adolescents as important an item in your ministry as the controversy over the denturists, or the controversy over acupuncture, or

any of the other major issues of the day, because in human dimensions it is, of course, as I know the minister concedes, every bit as vital.

There is a controversy now about community-based treatment. One of the members of the government, the member for St. David (Mrs. Scrivener), has trouble with community-based treatment. Let me say, as one member of the opposition, and I think it is embraced by many members of the opposition, that community-based treatment is the answer to this predicament, that you can't rely forever on the medical models, that you don't fight community-based treatment, that this is the way you expand facilities and provide a therapeutic environment where kids can be treated successfully. Any member of the Legislature or any medical discipline perverse enough to resist that kind of direction doesn't understand the damage that's being done to adolescents by the inadequacy of the treatment facilities which now exist.

We railed a thousand times over that to place kids in a setting in the community can work, and it's the easiest and least expensive way to treat them; which brings me to the third point I wanted to make, and that's about money. I think your ministry needs a serious evaluation of the settings. I don't care which one; I hold no brief for any, I know that the ranges move from \$50 a day to, I understand -- and it absolutely flummoxes me -- \$130 a day in Thistletown.

I don't know what they do in Thistletown for \$130 a day. It must be some pretty high-class therapy and I hope it works, but I think it is worth an evaluation on the part of your ministry because of the necessarily high costs of treatment. Even the Children's Aid Society receiving homes are costing between \$73 and \$78 a day. CPRI, I gather, is \$92 to \$93 a day, and most of the treatment centres on the list which you read to the Legislature range from \$40 a day to \$92 a day.

If we are paying that much money for treatment, surely we should get, by way of a return, a facility which responds sensitively and wholly to the adolescent, and what Derek Halanen showed, and what the case histories of so many children show, is that that is simply not happening in one or two of the agencies. I don't know how I can get

this in, but let me give you, from the files of the Children's Aid Society, one or two of these case histories. I just want the full problem to be put rather better than I can put it verbally.

Let's take the case of a girl I'll name Carol, aged 13. These are Metro Children's Aid Society cases. She was born of a mixed racial relationship back in 1961, and I won't discuss any of the content of that except to say that it made life very difficult for her. Carol's behaviour became more and more hostile after age 10 -- I'm just taking a precis of the file. Before she was admitted to Children's Aid Society care there was one fairly serious suicide attempt. Her rampages became more and more frequent and she threatened to kill her older sister when she was 11. On the eve of her 12th birthday, in July, 1973, she was admitted into the care of Children's Aid Society at the request of the mother.

From July, 1973, to September, 1973, she was in one of the Children's Aid Society hostels on a temporary basis until a suitable placement could be found. In September, 1973, she attacked one of the hostel staff members and appeared in juvenile court on a charge of assault. She was found guilty and placed in the 311 Jarvis St. detention home. It was ironic, because the day before a Children's Aid Society psychiatrist had written to Thistletown stating that if Carol was not admitted she would become a threat both to herself and others.

From the beginning of September to the end of September, 1973, she was kept in the detention home for 10 days or so while the Children's Aid Society was to find a suitable placement. The Children's Aid Society felt that Thistletown would be an appropriate placement before this incident and she had been assessed there. After the charge the Children's Aid Society attempted to pressure Thistletown into accepting her immediately. Thistletown refused, saying that their open setting was not appropriate, given her hostility, but they would consider taking her after a stay in a training school, which they considered appropriate.

Children's Aid Society then approached the Hincks, who had no in-patient facilities for under 13s and said they were full anyway; CPRI in London, who refused but said they would assess her; Sunnybrook, who do not admit subteens; and, finally, Whitby, who could not admit her for three weeks and then only under the condition that Thistletown would admit her when a vacancy came up.

At the end of September, after three suicide attempts and an assessment by a court psychiatrist who said that a closed institution such as a training school would merely increase her hostility toward white society, the Children's Aid Society wrote to Naomi Grant asking assistance, but no placement could be found. At the end of that month in September, 1973, she was carted off to the Oakville regional assessment centre. She remained there for a year. She received little or no treatment. She is now at home. She's one year older, more hostile, more manipulative. The Children's Aid Society is back at exactly the same place they were a year ago and don't know how to cope, because there isn't a setting in the province that is adequate.

I wanted to read some other case histories that made the point rather vividly, but obviously I haven't got the time. The truth is that for these children who are being shuffled from one possible institutional placement to another, the door is invariably closed when they get there, the opportunities for admission restricted, and the sense of panic felt on the part of the societies and the children ever increasing. And I don't think that it has to be.

The situation goes from bad to worse, Mr. Minister. There are now literally hundreds of kids -- one might say even some thousands of children -- in the adolescent category for whom services cannot be found, for whom the description by the Children's Aid Society's workers is valid.

Somehow the government has to be persuaded to reorder its priorities. Somehow the amount of money we spend on a Krauss-Maffei is obscene compared to the amount of money we can't find for situations like this. Somehow the amount of money we spend on government buildings makes no sense when you're dealing with human beings.

Somehow the \$1 billion for a pipeline to choke Metropolitan Toronto with another million people makes little sense when there are 10-, 11-, 12-, 13- and 14-year-old kids who cannot find an appropriate treatment setting in Ontario. There's just a total perversion of social values involved. I don't understand it; it's nuts and it's totally to be rejected.

Now, this minister has been fighting very hard for a change. I feel kind of chagrined that I direct this frenetic heat at him when his predecessors were so much slower to adapt. If you want to defend them, that's up to you; I hold no brief for them. It's been 10 years that we've been wrestling with mental health and it was only when the children's mental health services division came into being that we finally made some progress.

I must say that many of your predecessors were shockingly indifferent to the scale of mental illness and emotional disturbance in the province, for kids. Progress was always made under pressure rather than voluntarily. I guess what I'm saying to you now is not to allow any of your colleagues or some of the back-benchers, whose motives are odd at times, to interfere with your determination to set up programmes which will work, to give to the children's services branch every conceivable support, to try to arrange through Mrs. Birch and Mr. Brunelle the kind of support for the Children's Aid Societies which is not now there, somehow to relieve the strain; or we are going to have catastrophic occurrences here and there in Ontario, because there is simply no outlet for the rage and anxiety of the kids whom the Children's Aid Societies themselves indicate are in absolutely inappropriate settings. There were 30 a month admitted in Metro Toronto in the one society alone.

I told you that I wanted to put it on the record and I have done so. I don't know where one goes from here except to reorder the priorities of the ministry and of the government, and to give to the children's services branch every penny they need, every support they need, all the staff training they need, and all the experimentation and evaluation they need, because what was said on the witness stand at that inquest is an indictment of what the government has been unable to do over the last three or four years for adolescents.

What the Children's Aid Society memos say is an indictment, and what is happening to those kids stands as a silent and sometimes quite explicit indictment that somewhere something has to alter and clearly. If anyone can do it, I suspect it is this minister who will do it and that's why I rather chaotically and speedily place it all before him.

Mr. Chairman: The hon. member for Parkdale.

Mr. J. Dukszta (Parkdale): I have a couple of questions of the minister. What I wanted to ask you was a question of voting rights for the psychiatric patients in our institutions of Ontario, to ask whether there is any proposal on your part to change the legislation and allow people who are there on an involuntary basis to be able to vote just as much as people who are there voluntarily.

Mr. Chairman: Would you like to ask both questions at this time and the minister can answer both of them when he replies?

Mr. Dukszta: Yes, Mr. Chairman. The second question is, what happened to the legal aid programme in psychiatric hospitals? This was promised about a year and a half ago. Have you now tried to implement it or how soon will you implement it?

Hon. Mr. Miller: On the first issue, I will be glad to look at it. It is not my ministry that would make that decision. I understand they have the right to vote federally but not provincially, if I have my facts straight.

On the second issue, the answer is within two weeks.

Mr. Dukszta: It is your responsibility on the first one. There is a memo from Mr. Maynard on it and originally a memo from Dr. Ives. It is your responsibility.

Mr. Chairman: Is item 4 carried?

Mr. Dukszta: Oh, excuse me, you didn't answer the second.

Hon. Mr. Miller: I said "within two weeks."

Mr. Breithaupt: Mr. Chairman, I think there may be more speakers who would wish to involve themselves on this, if it should happen that we have additional time and the Education estimates are dealt with in less than the 10 hours that we had allocated to them. Accordingly, Mr. Chairman, I would think it would be well if the committee rose

without formally carrying this vote, so that if we did have the opportunity we could return to it.

Mr. Chairman: That sounds reasonable.

Hon. Mr. Winkler: Mr. Chairman, I think I can respond to that. If such a situation exists, we would be very amenable to the suggestion.

Hon. Mr. Winkler moves the committee rise and report.

Motion agreed to.

The House resumed, Mr. Speaker in the chair.

Mr. Chairman: Mr. Speaker, the committee of supply begs to report progress and asks for leave to sit again.

Report agreed to.

Hon. E. A. Winkler (Chairman, Management Board): Mr. Speaker, before I move the adjournment of the House I would like to inform the House that on Thursday the first item of business we will deal with is item 4, government notice of motion. standing in the name of the Treasurer (Mr. White), before we proceed to the consideration of the estimates of the Ministry of Education.

I must also inform the House that at this particular moment I haven't been in touch with the Minister of Transportation and Communications (Mr. Rhodes). I am not sure what will happen in that committee on Thursday but I will be pleased to inform the other parties before that time.

Mr. D. M. Deacon (York Centre): He told us he would be back.

Hon. Mr. Winkler: Don't bet your life on that.

Hon. Mr. Winkler moves the adjournment of the House.

Motion agreed to.

The House adjourned at 10:30 o'clock, p.m.